



ADDENDUM #1

RFP-2019-OMS-02-MANAG

(Changes to RFP-2019-OMS-02-MANAG) are in **bold, underlined and italicized text** in order to enable vendors to quickly recognize changes in paragraphs and/or wording).

On August 30, 2018, the New Hampshire Department of Health and Human Services published a Request for Proposals, soliciting proposals from qualified organizations to provide health care services to eligible and enrolled Medicaid participants through New Hampshire's Medicaid managed care program, known as New Hampshire Medicaid Care Management (MCM).

The Department is publishing this addendum to:

1. **Delete and replace Section 4, PROPOSAL PROCESS, Subsection 4.2, Procurement Timetable, Paragraph 4.2.1 with the following:**

- 4.2.1 Included in Figure 5 below is an overview of the procurement timetable. DHHS reserves the right to modify these dates and times at its sole discretion; in the event of a schedule change, the schedule update will be posted to DHHS's procurement website. All times are according to Eastern Time.

Figure 5. Procurement Schedule

Procurement Schedule <i>DHHS reserves the right to modify these dates at its sole discretion.</i>		
	Action	Date
1.	DHHS Issues RFP for Respondent Response	8/30/18
2.	Mandatory Respondent Conference	9/7/2018 1:00pm EST
3.	Respondent RFP Questions Due	9/12/2018
<u>4.</u>	<u>DHHS Issues Answers to Respondent Questions</u>	<u>9/24/18</u>
<u>5.</u>	<u>Respondent Proposals Due</u>	<u>10/31/2018</u> <u>2:00pm EST</u>
6.	Oral Presentations <i>(to be scheduled as determined by DHHS)</i>	11/8/2018– 11/9/2018
7.	Contract Negotiations	11/19/2018– 12/3/2018
8.	MCO Contract Execution	12/5/2018
9.	Governor and Executive Council Approval of MCO Contract	12/7/2018-1/14/19
10.	Contract Effective Date and Readiness Review Period	Effective Upon Governor and Executive Council Approval of MCO Contract
11.	MCM Program Start Date	7/1/19



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2. Delete and replace (on page 29 of the RFP) Section 4 PROPOSAL PROCESS, Subsection 4.21 Respondent Readiness, Paragraph 4.21.1, with the following:

4.21.1 Prior to the MCO providing any services to Members, DHHS will review the MCO's readiness to begin providing services. The review will be to determine whether the MCO is carrying out its **implementation plan as agreed upon** with DHHS. The Vendor is solely responsible for the cost of all work during the readiness review and undertakes the work at its sole risk. If DHHS determines that any MCO will not be ready to begin providing services on the Program Start Date of July 1, 2019, it may, at its sole discretion, withhold enrollment and require corrective action or terminate the Contract.

3. Delete and replace (on page 30 of the RFP) Section 5 PROPOSAL REQUIREMENTS, Subsection 5.1 Presentation and Identification, Paragraph 5.1.1, Subparagraph 5.1.1.6, with the following:

5.1.1.6 The Proposal must be signed in the manner described in **Section 5.3.1.2** to be accepted for consideration.

4. Delete and replace (on Page 30 Section 5 PROPOSAL REQUIREMENTS, Subsection 5.1 Presentation and Identification, Paragraph 5.1.2, Subparagraph 5.1.2.1, with the following:

5.1.2.1 **Original Technical Proposal with Cost Components in one (1) binder with the Cost Components separated and clearly identified by tabs within the binder.**

5. Delete and replace (on page 30 of the RFP) Section 5 PROPOSAL REQUIREMENTS, Subsection 5.1 Presentation and Identification, Paragraph 5.1.2, Subparagraph 5.1.2.3, with the following:

5.1.2.3 Major sections of the Technical **Proposal with Cost Components shall** be separated by tabs.

6. Delete and replace (on page 30 of the RFP) Section 5 PROPOSAL REQUIREMENTS, Subsection 5.1 Presentation and Identification, Paragraph 5.1.3, with the following:

5.1.3 Technical Proposal with Cost Components

5.1.3.1 The **original Technical** Proposal **with** Cost Components of the **proposal shall be provided together in a single** three-ring binder marked as "Original," **ensuring Cost Components are separated by tabs and clearly identified as 'Cost Components.'**

5.1.3.2 The original Transmittal Cover Letter (described in Section 5.3.1.2) must be the first page of the Technical Proposal **with Cost Components, directly following the Table of Contents,** and



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marked as "Original."

5.1.3.3 **Twelve (12)** copies of the Technical Proposal **with** Cost Components shall be provided in bound format marked as "Copy."

5.1.3.4 **One (1)** electronic copy (divided into folders that correspond to and are labeled the same as the hard copies) on CD or Memory Card/Thumb Drive. NOTE: In the event of any discrepancy between the copies, the hard copy marked "Original" will control.

5.1.3.5 Front cover labeled with:

5.1.3.5.1 Name of company / organization;

5.1.3.5.2 RFP#; and

5.1.3.5.3 Technical Proposal **with Cost Components**.

7. Delete and replace (on page 33 of the RFP), Section 5 PROPOSAL REQUIREMENTS, Subsection 5.2, Figure 6. Special Instructions and Page Limits for Technical Proposals, with the following:

Figure 6. Special Instructions and Page Limits for Technical Proposals **with Cost Components**

Special Instructions and Page Limits for Technical Proposal			
Section	RFP Section Name	Page Limit	Special Instructions (if applicable)
RFP Section 5.3.1.1.	Proposal Table of Contents	No limit	
RFP Section 5.3.1.2.	Transmittal Cover Letter	3	
RFP Section 5.3.1.3.	Executive Summary of Proposal	5	
Appendix D; Section 1	Organization Overview and Overview of Relevant Experience	7	The requested organizational chart and staffing plan may be appended to the Response and will, in that case, not count toward the indicated page limit.
Appendix D; Section 2	Subcontractors	8	Sample reports and signed letters of commitment referenced in this Section may be appended to the



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Special Instructions and Page Limits for Technical Proposal			
Section	RFP Section Name	Page Limit	Special Instructions (if applicable)
			Response and will not, in that case, count toward the indicated page limit
Appendix D; Section 3	Covered Populations and Services	10	Procedural codes or other identifying information related to any Respondent-offered Value-Added Services may be appended to the Response and will, in that case, not count toward the page limit.
Appendix D; Section 4	Pharmacy Management	5	
Appendix D; Section 5	Member Enrollment and Disenrollment	10	
Appendix D; Section 6	Member Services	6	The Member Services organizational chart may be appended to the Response and will, in that case, not count toward the indicated page limit.
Appendix D; Section 7	Member Grievance and Appeals	8	
Appendix D; Section 8	Provider Appeals	6	
Appendix D; Section 9	Access	5	
Appendix D; Section 10	Utilization Management	10	
Appendix D; Section 11	Member Education and Incentives	6	



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Special Instructions and Page Limits for Technical Proposal			
Section	RFP Section Name	Page Limit	Special Instructions (if applicable)
Appendix D; Section 12	Care Coordination and Care Management	20	
Appendix D; Section 13	Behavioral Health (Mental Health and Substance Use Disorder)	20	
<u>Appendix D; Section 14</u>	<u>Health Homes and Children with Special Health Care Needs</u>	<u>7</u>	
Appendix D; Section 15	Quality Management	12	
Appendix D; Section 16	Network Management	12	
Appendix D; Section 17	MCO Alternative Payment Models	10	To meet the requirements outlined in Question 78, the Respondent may append a table that will not count toward the page limit.
Appendix D; Section 18	Provider Payments	7	
Appendix D; Section 19	Claims Quality Assurance and Reporting	5	
Appendix D; Section 20	Oversight and Accountability	5	
Appendix D; Section 21	Third Party Liability	3	



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8. **Delete and replace (on page 35 of the RFP) Section 5 PROPOSAL REQUIREMENTS, Subsection 5.3 Outline and Detail, Paragraph 5.3.1, Subparagraph 5.3.1.3, Part 5.3.1.3.1, Subpart 5.3.1.3.1.2, with the following:**
 - 5.3.1.3.1.2 Demonstrates the Respondent's understanding of the services requested in this RFP and MCM contract as well as any problems anticipated in accomplishing the work;
9. **Delete and replace (on page 35 of the RFP) Section 5 PROPOSAL REQUIREMENTS, Subsection 5.3 Outline and Detail, Paragraph 5.3.1, Subparagraph 5.3.1.3, Part 5.3.1.3.1, Subpart 5.3.1.3.1.4, with the following:**
 - 5.3.1.3.1.4. Shows the Respondent's overall design of the program in response to achieving the deliverables as defined in this RFP; and
10. **Delete and replace Appendix C, Medicaid Care Management Services Model Contract (on page 27), SECTION 2 DEFINITIONS AND ACRONYMS, Subsection 2.1 Definitions, Paragraph 2.1.96, Subparagraph 2.1.96.1, with the following:**
 - 2.1.96.1 "Priority Population" means a population that is most likely to have Care Management needs and be able to benefit from Care Management. The following groups are considered Priority Populations under this Agreement: Adults and Children with Special Health Care Needs; Members receiving services under HCBS waivers; Members identified as those with rising risk; individuals with high unmet resource needs; mothers of babies born with NAS and their infants; pregnant women with Substance Use Disorder; intravenous drug users; individuals that have been in the ED for an overdose event in the last twelve (12) months; recently incarcerated individuals; and other Priority Populations as determined by the MCO and/or DHHS.
11. **Delete and replace Appendix C, Medicaid Care Management Services Model Contract (on page 59), SECTION 3 GENERAL TERMS AND CONDITIONS, Subsection 3.14 Subcontractors, Paragraph 3.14.3, Subparagraph 3.14.3.1, with the following:**
 - 3.14.3.1 The MCO shall submit all Subcontractor agreements and Subcontractor Provider agreements to DHHS for prior approval at least sixty (60) calendar days prior to the anticipated implementation date of that Subcontractor agreement, any time there is a renewal or extension amendment to an approved Subcontractor agreement or there is a substantial change in scope or terms of the Subcontractor agreement. The MCO remains responsible for ensuring that all contract requirements are met, including requirements requiring the integration of physical and behavioral health, and that the Subcontractor adheres to all State and federal laws, regulations and related guidance and guidelines.



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12. Add Appendix C, Medicaid Care Management Services Model Contract (on page 65), Section 3 GENERAL TERMS AND CONDITIONS, Subsection 3.15 Staffing, Paragraph 3.15.1, Subparagraph 3.15.1.2, Part 3.15.1.2.9, as follows:

3.15.1.2.9 Prior Authorization Coordinator: The Prior Authorization Coordinator is responsible for all MCO Utilization Management activities and shall work under the direct supervision of the Medical Director. The Prior Authorization Coordinator shall ensure that all staff performing prior authorization functions have the necessary clinical backgrounds needed to apply established coverage criteria and make appropriate decisions based on medical necessary. The individual shall be licensed by the NH Board of Nursing and have a minimum of eight (8) years of demonstrated experience in both the provision of direct clinical services as well as progressively increasing levels of management responsibilities with a particular focus on performance of a variety of utilization functions including conducting inter-rater reliability quality audits.

13. Delete and replace Appendix C, Medicaid Care Management Services Model Contract (on page 67), Section 3 GENERAL TERMS AND CONDITIONS, Subsection 3.15 Staffing, Paragraph 3.15.3, Subparagraph 3.15.3.1, Part 3.15.3.1.11, as follows:

3.15.3.1.11 **Mental** Health Coordinator

14. Delete and replace Appendix C, Medicaid Care Management Services Model Contract (on page 67), Section 3 GENERAL TERMS AND CONDITIONS, Subsection 3.15 Staffing, Paragraph 3.15.3, Subparagraph 3.15.3.1, Part 3.15.3.1.18, as follows:

3.15.3.1.18 Prior Authorization **Coordinator.**

15. Delete and replace Appendix C, Medicaid Care Management Services Model Contract (on page 93), Section 4 PROGRAM REQUIREMENTS, Subsection 4.3 Member Enrollment and Disenrollment, Paragraph 4.3.2, Subparagraph 4.3.2.1, as follows:

4.3.2.1 The MCO shall support the implementation and ongoing operations of the work and community engagement eligibility requirements for certain Granite Advantage Members, including but not limited to the activities described in **Section 4.3.3** (General Outreach and Member Education Activities) through **4.3.3.2.3** (Status Tracking and Targeted Outreach) of this Agreement.



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16. Add Appendix C, Medicaid Care Management Services Model Contract (on page 96), Section 4 PROGRAM REQUIREMENTS, Subsection 4.3 Member Enrollment and Disenrollment, Paragraph 4.3.3, Subparagraph 4.3.3.2, Part 4.3.3.2.5, as follows:

4.3.3.2.5 During periods of Member suspension of eligibility due to non-compliance with community engagement requirements or failure to receive an exemption, the MCO may continue outreach to suspended members to assist them in completing requirements.
17. Delete and replace Appendix C, Medicaid Care Management Services Model Contract (on page 237), Section 4 PROGRAM REQUIREMENTS, Subsection 4.13 Network Management, Paragraph 4.13.3, Subparagraph 4.13.3.8, as follows:
 - 4.13.3.8 A “clean and complete” application is **an application** that is signed and appropriately dated by the Provider, and includes:
 - 4.13.3.8.1 Evidence of the Provider’s NH Medicaid ID; and
 - 4.13.3.8.2 Other applicable information to support the Provider application, including Provider explanations related to quality and clinical competence satisfactory to the MCO.
18. Delete and replace Appendix C, Medicaid Care Management Services Model Contract (on page 284), Section 5 OVERSIGHT AND ACCOUNTABILITY, Subsection 5.1 Reporting, Paragraph 5.1.4, Subparagraph 5.1.4.1.2, as follows:
 - 5.1.4.1.2 The MCO’s **CFO**; or
19. Delete and replace Appendix D, Mandatory Responses to Technical Components of the RFP (on page 3), Section 1 Organization Overview and Overview of Relevant Experience, Subsection 1.2 Managed Care Experience and References, Q5, as follows:

Q5 Respondent shall identify any and all instances of non-renewal or early termination of contracts with states **during the lookback period of three (3) years**. The Respondent shall specify the type of contract, why the termination was initiated, and by whom it was initiated (contractor, state, mutual, or federally imposed).
20. Delete and replace Appendix D, Mandatory Responses to Technical Components of the RFP (on page 35), Section 17 Alternative Payment Models, Q77, 6), as follows:

Q77, 6) By providing a sample reporting template that will be shared with Provider APM participants to support concurrent utilization management as well as retrospective information for the development of **enhanced** performance under the MCO’s proposed APM models;



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21. Delete and replace Appendix E, Mandatory Responses to Cost Components of the RFP (on page 1), Section 1 Managed Care Savings Opportunities, Q105, as follows:

Q105 For each of the managed care strategies proposed by the Respondent in the answers to questions in sections 10 (Utilization Management), 12 (Care Coordination and Care Management) and 13 (Behavioral Health) of the Technical Proposal (**Appendix D**), quantify the estimated reduction in overall per member per month (PMPM) service cost resulting from successful implementation of the Respondent's care management strategies to reduce service utilization and/or move care to more cost-effective settings.

22. Delete and replace Appendix E, Mandatory Responses to Cost Components of the RFP (on page 3), Section 1 Managed Care Savings Opportunities, Q115, as follows:

Q115 Provide the following information for each alternative payment model (APM) included in the response to **Q78** of Section 17 (Alternative Payment Models) of the Technical Proposal (**Appendix D**):

- 1) Quantify how the APM reduced cost and/or bent the cost curve.
- 2) Describe the features of the APM that have been key to successful implementation.
- 3) Describe how Respondent has monitored the impact of the APM on quality, outcomes and overall costs.



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23. Delete and replace Appendix E, Mandatory Responses to Cost Components of the RFP (on page 4), Section 1 Managed Care Savings Opportunities, Q120, as follows:

Q120. Quantify the expected utilization savings generated by the member education and incentives discussed in the responses to Section 11 of the Technical Proposal (**Appendix D**).

24. Delete and replace Appendix E, Mandatory Responses to Cost Components of the RFP (on page 4), Section 2 Third Party Liability (TPL) Coordination of Benefits (COB), and Cost Avoidance, Q121, as follows:

Q121 Consistent with the responses provided in Section 21 of the Technical Proposal (**Appendix D**), quantify the Respondent's TPL recovery levels in Medicaid managed care programs in other states using Table B in the provided template. The response should reflect Medicaid total funds paid, rather than billed charges.

25. Delete and replace Appendix E, Mandatory Responses to Cost Components of the RFP (on page 4), Section 2 Third Party Liability (TPL) Coordination of Benefits (COB), and Cost Avoidance, Q124, as follows:

Q124 Consistent with the responses in Section 20 of the Technical Proposal (**Appendix D**), quantify the identification and recovery of provider overpayments in **Medicaid** managed care programs in other states due to fraud, waste, and abuse using Table D.